

Matthews UMC Photo Release Form

I hereby irrevocably agree and consent that you, Matthews United Methodist Church ("MUMC"), and your assigns, may use all or part of your videotaped, filmed, televised and/or live streamed image of my child/youth			
		I have read and understand the meaning of this release.	
		Child/Youth's Name (print)	Parent/Guardian Name (print)
		X	
		Parent/Guardian Signature	Date
		Street Address	City, State, Zip
		Parent/Guardian Email	Phone